

PD9000075589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

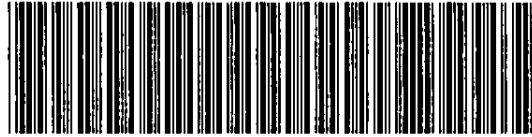
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 6 2012

T. LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CR LUBE OF FLORIDA, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000075589

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NUVIA P. JIMENEZ

(Name of Person)

CR LUBE OF FLORIDA, INC

(Name of Firm/Company)

1092 SUMMIT TRAIL CIR APT A

(Address)

WEST PALM BEACH FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

NUVIA P. JIMENEZ

(Name of Person)

at (**561**) **385-0388**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

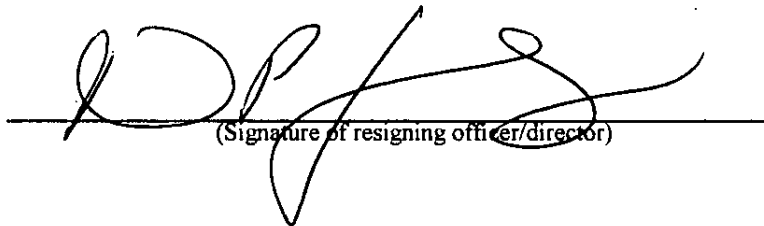
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2012 DEC -5 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NUVIA P. JIMENEZ, hereby resign as VICE-PRESIDENT
(Title)

of CR LUBE OF FLORIDA, INC
(Name of Corporation)

P09000075589, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314